

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** GLADHAVEN (310291)

**Address:** 7220 FOX CROFT LN, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1996

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096071      **End Date:** 11/03/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009489    Served 12/23/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(g)	FAIR TREATMENT		
83.21(4)(i)1	CONFIDENTIALITY		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(c)2	ANNUAL EVALUATION UPDATED		
83.32(2)(d)	REVIEW OF PROGRESS		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.41(1)(c)2	RESIDENTS WITH DIFFERENT CLASSES		
83.51(1)(e)	CLEARED PATHWAY FROM EXITS		
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS		Variance

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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**Enforcement History**

**Date:** 12/21/2005      **SOD #**10009489      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
PROVIDE TRAINING  
FORFEITURE---83.21(4)(g)  
FORFEITURE---83.21(4)(i)1

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